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Missouri Oil and Gas Council

Form OGC-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

	APPLICATION TO	DRILL D	DEEPEN C	PLUG BAC	(D				
	fa	or an oil well 🗀	or ges well	□ Hyd	rocarbon Test X				
IAME OF COM	PANY OR OPERATOR		Town Oil	Co.	DATE 1-29-96				
16205 W.			Paola	•	Kansas 66071				
Addres	11	City			State				
	DE	SCRIPTION OF W	ELL AND LE	ASE					
Name of lease			Well nu	nber	Elevation (ground) -				
Yarick			5		870				
MELL FOCALIO	1190 It. from (N) (S) sec	fgive footage from \$4290, tine	oction lines) (t from (E)	IW) sec, line					
MELL LOCATIO	Section 21 Town	38N	Range 33W	County	Bates				
o property or les	from proposed location are line: N/A test			ucation to number drugs well on the same k					
roposed depth.	Drilling contractor, name & add	ress Rotery or	Cable Tools		te work will stert				
75	Town OI1 Co.	Rotar	cy	1- ²⁹ -96					
umber of acres i	n Icase.				leash, including this well. O ling to this reservoir:				
	120		Number o	f abandoned we lls on	lease:				
lease, purchased	with one or more whom purchased. Name	,	N/A	No. of	No. of Wells: producing U				
					Inective				
marks (II this a	is an application to deepen or plug ing zone and expected new produc	g back, briefly descri ting zone) use back o	the work to be did form if needed						
•	•		,						
oposed casing pr	rogram: N/A		Approved casing	To be lilled in by	State Geologiss N/A				
aml	siza wi /fi	cem,	əmi	size	wi./(i cem,				
ing that I am auth	state that I am the orized by said company to make d-therein are true, correct and co	this report, and that implete to the bost of Signatu	my knowledge.	prepared under my su	(company), pervision and direction and				
oval Date.	20120 71-29-96 21 transferable to any when no other location	CO E-logs	s log required required if run nelysis required	D so	illi stem test info, required if a mples required mples not required				
nit two copies to	: Missouri Oil and Gas Council -P.O. Box 250 Rolls, Mo. 86401 for driller's signature			w.	ATER SAMPLES REQUIRED				

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic mersts of the proposed well not endorsement of the qualifications of the permittee.

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APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

	for				drocarbon Test					
AME OF COM	PANY OR OPERATOR		Town Oil	Co.	DATE 1-29-96 ·					
16205 W.	287 St.		Paola		Kansas 66	071				
Addres	is	City	<u>'</u>		State					
	DESC	CRIPTION OF V	WELL AND LE	ASE						
Name of lease			Well nun	nber	Elevation (ground	1) .				
Yarick			5		870					
VELL LOCATIO	1190 (1. from (N) (S) sec. (give footage from 429 line	section lines) O ft from (E)	XX (W) sec. line						
WELL LOCATIO	ON Section 21 Townsh	3.8N	Range 33W	County	Bates					
learest distance f o property or lea	from proposed location use line: N/A feet			ocation to nuarest d or well on the same	leasn: N/A	et .				
roposed depth.	Drilling contractor, name & addre	Rotary o	r Cable Tools		ate work will start					
75	Town OI1 Co.	Rota		1-29-96						
umber of acres i	n lease			ells on lease, includi or drilling to this re						
	120		Number of	abandoned wells o	on lease:	•				
	with one or more		·	No.	of Wells: producing U					
vells drilled, from	whom purchased: Name Address		N/A		injection					
	whom purchased: Name		N/A		injection					
Status of Bond	whom purchased: Name		N/A		injection					
Sing	whom purchased: Name Address	Blanket E back, briefly descr ng zone) use back	Bund KX Amt _	\$60,000	injection	ACHE				
Sing emarks: (If this product	whom purchased: Name	Blanker E hack, briefly descr	Brinkl (EX Amt _ ribe work to be do of form if needed N/A Approved casing	\$60,000 one, giving present	injection	ACHE				
Sing Sing Jemarks: (II this product	gle: Well Amt, is an application to deepen or plug ing zone and expected new producing	Blanket E back, briefly descr ng zone) use back	Burkt KX Amt _ ribe work to be do of form if needed	\$60,000 one, giving present	injection	ACHE				
Sing emarks: (If this product	whom purchased: Name	Blanker E hack, briefly descr	Brinkl (EX Amt _ ribe work to be do of form if needed N/A Approved casing	\$60,000 one, giving present	injection	ACHEI				
Status of Bond Sing Temarks: (If this product)	whom purchased: Name	Blanker E hack, briefly descr	Brinkl (EX Amt _ ribe work to be do of form if needed N/A Approved casing	\$60,000 one, giving present	injection	ACHE!				
Status of Bond Sing Remarks: (If this product	whom purchased: Name	Blanker E hack, briefly descr	Brinkl XX Amt _ ribe work to be do of form if needed N/A Approved casing amt	\$60,000 one, giving present	injection	N/A				
Status of Bond Sing Remarks: (If this product) Proposed casing product amt.	whom purchased: Name	Blanket E back, briefly descr ng zone) use beck cem.	Bund X Amt _ ribe work to be do of form if needed N/A Approved casing amt of the at this report was	\$60,000 one, giving present . To be filled in I size	injection	N/A cem.				
status of Bond Sing Semarks: (If this product) roposed casing product armt.	whom purchased: Name	Blanket E back, briefly descr ng zone) use beck cem.	Approved casing amt of the	\$60,000 one, giving present . To be filled in I size	injection	N/A cem.				
temarks: (If this product proposed casing product arm), the undersigned not that I am authat the facts state	whom purchased: Name	back, briefly descring zone) use back cem. this report, and the open control of the bost	Approved casing amt of the	\$60,000 one, giving present g To be filled in I size prepared under my	injection	N/A cem.				
status of Bond Sing Semarks: (If this product) roposed casing product amt. the undersigned od that I am authout the facts state	whom purchased: Name	cem. cem. Signa	Approved casing and this report was of my knowledge ture.	\$60,000 one, giving present j To be filled in I size prepared under my	injection — Inactive —	N/A cem.				
Remarks: (If this product proposed casing product arm), the undersigned and that I am author the facts state approval Date.	whom purchased: Name	cern. cern. Signa	Approved casing and this report was of my knowledge ture.	\$60,000 one, giving present or To be filled in I size prepared under my	injection	N/A cem.				
Status of Bond Sing Remarks: (If this product Proposed casing product amt. I, the undersigned and that I am authority that I am authority that the facts state provided By Deproved By Deproved By Deproved By	whom purchased: Name	cern. cern. Signa	Approved casing and this report was of my knowledge ture.	\$60,000 one, giving present i. To be filled in I size prepared under my	injection — Inactive —	N/A cem.				

PLUGGING RECORD									
Town Oil Co.		16205 W ₂ 28		Paola, K		1			
NAME OF LEASE.		WELL MUMBER 5		20120					
LOCATION OF WELL 1190' FSL 4290' FEL	SEC-TWP-F	21-38N-33W	COUNTY Ba	tes		源德			
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF:	APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: MAS THIS WELL EVER PRODUCED OIL OR GAS?				ION (INITIAL PRODUCTION) DRY? GAS (MCF/DAY)				
Town Oil Co.	YES NO	R TO ABANDONMENT N/A	WATER (BBLS	/DAY)		THE STATE			
2-5-96 25'	OIL (BBLS/DAY)	GAS (MCF/DAY)							
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A	content of each formation	Depth interval of each for	rmation	Size, kind, & di amount cement,	epih ol plug	s used, giving			
The state of the s				2 sacks	cement	e-Auto-Au			
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A SECULATION OF THE PARTY OF TH]			STATES STATES			
PULLED PUT IN WELL (FT) PULLED (FT)	1	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)) F	PACKERS AI	V F	洲洲			
N/A		± 1 .24		J		and the same of th			
AND THE STATE OF THE			* *	MAR 0 1 1	996	Kill Mills			
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Section 1			MOC	Oil & Gas	Coun	C SERVICE			
WAS WELL FILLED WITH MUD-LADEN FLUID?	INDICATE DEEPEST FOR	RMATION CONTAINING FRESH WAT	rea		· · · · · · · · · · · · · · · · · · ·	WANTED TO			
			·						
NAME AND ADDRESSES OF ADJACENT LE						1.数据40.80建			
NAME	ADDI	RESS		DIRECTION FRO	OM THIS WE	ILL PROPERTY.			
N/A									
						451111			
A CONTRACTOR OF THE STATE OF TH					- 1 - 1 - 1	. Historial			
			*						
METHOD OF DISPOSAL OF MUD PIT CONTENTS	N/A								
NOTE FILE THIS FORM IN DUPLICATE WITH JUSE RE	r.	A Property of the Control of the Con			. W. W.				
CERTIFICATE I, the undersigned, state	that I am the parti			Town Oil		al indec my			
supervision and directi	am authorized by said co on and that the facts state	ed therein are true, corre	ct, and cor	nplete to the	best of my	knowledge			

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FORMATION	ТОР	ВОТТОМ	9	eggen F Nomentrose Mess		DES	CRIPTION (S	EE BE	LOW)	na, n en eg	- 45- 54-	7 -74	
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Black mud	12	13	, c	 				TO AND					
Clay	13	17		····					<i>ਜ</i> ਼		•		Fa-3
Lime	17	25						·				*	
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NOTE,	ow all import e tool'open, f	ant zones of porosity lowing and shut-in pr	r, detail of ressures, ar	ail cores, a	nd all d es.	rill-stem	tests, incli	uding d	epth,inf	terval to	ested,	cushion	used,

Attach drillers log or other acceptable log of well if available.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.

MO 780-0217 (10-87)